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COMDTINST 6010.21A

COMMANDANT INSTRUCTION 6010.21A

Subj: CLINICAL MONITORING AND EVALUATION (M&E)

Ref: (a) Medical Manual, COMDTINST M6000.1(series)

- 1. <u>PURPOSE</u>. This instruction publishes additional Monitoring and Evaluation exercises for inclusion in Coast Guard health care facility Quality Assurance Programs.
- 2. <u>ACTION</u>. Area and district commanders; commanders, maintenance and logistics commands; commanding officers of Headquarters units; Commander, Coast Guard Activities Europe; and chiefs of offices and special staff divisions at Headquarters shall ensure compliance with the provisions of this notice.
- 3. <u>DIRECTIVES AFFECTED</u>. Commandant Instruction 6010.21, Clinical Monitoring and Evaluation (M&E), is canceled.
- 4. <u>BACKGROUND</u>. COMDTINST 6010.21, Clinical Monitoring and Evaluation (M&E), established the initial M&E schedule for Coast Guard clinics. This schedule was updated by COMDTNOTE 6010 of 8 JAN 93, CH-1 to COMDTINST 6010.21. The M&E schedule is further updated by this instruction. Section 13-H of reference (a) describes M&E schedule utilization.
- 5. <u>DISCUSSION</u>. Attached are two additional Medical M&E exercises (MED-3), two additional Dental M&E exercises (DENT-3), and two additional Drug Utilization Review M&E exercises (DUR-3).

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NON-STANDARD DISTRIBUTION: see page 2.

# COMDTINST 6010.21A

Clinics may use these exercises to supplement those previously provided. Administrative M&E exercises have been discontinued.

> ALAN M. STEINMAN Chief, Office of Health and Safety

(1) FY 94 M&E Schedule and Clinical Aspects of Care for M&E Encl:

(2) M&E Exercises

(3) M&E Data Collection Log

(4) M&E Flow Chart

#### Non-standard Distribution:

B:c MLCs (6 extra)

C:a Cape Cod, Miami, Clearwater, Borinquen, Traverse City, Astoria only

C:b North Bend, Port Angeles, Sitka only C:d Fort Macon, Miami Beach, Honolulu, Ketchikan only

D:d Galveston and Humboldt Bay only

#### FY 94 MONITORING AND EVALUATION SCHEDULE

QUARTER	lst 	2nd	3rd	4th
INITIAL	MED-3	DUR-3	DENT-3	MED-4
*FOLLOW-UP	DENT-2	ADMIN-2	MED-3	DUR-3

#### CLINICAL ASPECTS OF CARE FOR MONITORING AND EVALUATION

MED-1: Strep Throat

Urinary Tract Infection

MED-2: Gastroenteritis

Hypertension

MED-3: Nonspecific Vaginitis

Otitis Externa

DENT-1: Exodontia Informed Consent

Annual Dental Examinations

Dental Emergencies

DENT-2: Post-operative Infections

Restoration Replacements

DENT-3: Biopsies

Cast Restorations

DUR-1: NSAID Therapy

Antibiotic Therapy

DUR-2: Antihistamine Therapy

Antilipemic Therapy

DUR-3: Intranasal Steroid Therapy

Oral Contraceptive Therapy

### USING THE MONITORING AND EVALUATION SCHEDULE AND CLINICAL ASPECTS OF CARE LISTING

Each clinic shall initially monitor one clinical aspect of care each quarter. The schedule above determines the "menu" group for each quarter - the clinic selects an aspect of care from the listing for that group. For example, in the first quarter of FY94, M&E must be performed for an aspect of care on the medical (MED-3) menu (i.e., nonspecific vaginitis or otitis externa).

Completed M&E reports must be submitted to the Quality Assurance Focus Group (QAFG) prior to the last work day of each quarter. This means that data collection for each exercise should commence at the beginning of each quarter, in order to allow time for a representative data sample to be collected and evaluated prior to the end of the quarter. It is recommended that the QAFG assign responsibility for each exercise prior to the start of each quarter, so that data may be collected in a timely manner. Whenever possible, follow-up reports should be generated by the same person responsible for the initial M&E report.

#### \*FOLLOW-UP REPORTS

For studies that meet thresholds:

Each initial M&E Report must be followed 6 months later by follow-up reports.

For studies that do not meet thresholds:

A follow-up report is required 3 months after the initial report, and every 3 months after that, until thresholds are met.

Follow-up reports are recorded on the reverse side of the M&E Report form in sections 8, 9, and 10.

#### USING THE M&E DATA COLLECTION LOG (CG-5544)

Use this form, or a locally produced equivalent, while evaluating health records or other information sources for compliance with the indicator criteria. Record the indicator as being met, or not met, for each record reviewed. Indicate which indicator criteria, listed in Section 2 of the Monitoring and Evaluation Report, are not met by marking the appropriate column (e.g., (a), (b), etc.) on the log.

Retain completed logs, or equivalent, on file for three years for review by MLC QA site surveys.

Facility	QA Coordinator				
	Diagnosis of acute minor illnesses: Nonspecific Vaginitis				
	atients diagnosed with nonspecific vaginitis will documentation in their health record of:				
<ul> <li>a. history of present illness, including sexual behavior;</li> <li>b. past medical history;</li> <li>c. medication history;</li> <li>d. temperature recorded;</li> <li>e. documented pelvic examination (positive or negative), including description of vaginal discharge; and</li> <li>f. microscopic examination of discharge to include: KOH prep (yeast), wet prep (clue cells) and cultures for chlamydia and GC.</li> <li>(Five out of six criteria must be met.)</li> </ul>					
	the records reviewed shall meet five or more ria contained in the indicator.				
"nonspecific vaginitis QAFG or its designee we patients to determine have been met. Result each case, prior to re not met, the QAFG shal	Use CLAMS and/or a review of patient records and/or a review of laboratory lively identify all patients with a diagnosis of s, up to a random sample size of 25 patients. The will review the health record of all identified whether the criteria contained in the indicator is may be logged on the M&E Data Collection Log for eporting results in section 5. If the threshold is all review all cases which do not meet the criteria improvement action in section 7.				
5. Evaluation Report	% Meet % Do Not Meet Indicator Criteria				
6. Evaluator Name:	Date Evaluated:				
7. Recommended Action					
	Signature Date  — (continued on reverse )				

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8. 3/6 month Follow-up Report		<pre>% Meet the Evaluation ( % Do Not Meet Evaluation)</pre>	
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1. Aspect of Care Diagnosis of Acute Minor Illnesses: Acute External Otitis (Otitis Externa)  2. Indicator All patients diagnosed with Acute External Otitis will have documentation in their health record of:  a. history of present illness; b. past medical history; c. temperature recorded; and d. physical examination of the external ear to include:  (1) movement of the tragus or auricle to elicit pain; (2) description of the external ear canal; and (3) description of any discharge found in the canal or external ear. (three out of four criteria must be met)  3. Threshold 90% of the records reviewed shall meet at least three criteria contained in the indicator.  4. Data Collection Methodology Use CLAMS and/or a review of patient records to retrospectively identify all patients with a diagnosis of "acute external otitis", up to a random sample size of 25 patients. The QAFG or its designee will review the health record of all identified patients to determine whether the criteria contained in the indicator have been met. Results may be logged on the MEE Data Collection Log for each case, prior to reporting results in section 5. If the threshold is not met, the QAFG shall review all cases which do not meet the criteria prior to recommending improvement action in section 7.  5. Evaluation Report	Facility			QA Coordinat	Or		
have documentation in their health record of:  a. history of present illness; b. past medical history; c. temperature recorded; and d. physical examination of the external ear to include:  (1) movement of the tragus or auricle to elicit pain; (2) description of any discharge found in the canal or external ear. (three out of four criteria must be met)  3. Threshold 90% of the records reviewed shall meet at least three criteria contained in the indicator.  4. Data Collection Methodology Use CLAMS and/or a review of patient records to retrospectively identify all patients with a diagnosis of "acute external otitis", up to a random sample size of 25 patients. The QAFG or its designee will review the health record of all identified patients to determine whether the criteria contained in the indicator have been met. Results may be logged on the MEE Data Collection Log for each case, prior to reporting results in section 5. If the threshold is not met, the QAFG shall review all cases which do not meet the criteria prior to recommending improvement action in section 7.  5. Evaluator Name: Date Evaluated:  7. Recommended Action	1. Aspect of (				Acute External		
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Facility			QA Coordinator					
1. Aspect of (	Care E	liopsies						
2. Indicator	2. Indicator Biopsies are submitted properly:							
a. Specimens and	are prop	erly prepared	and shipped IAW USN SF-515 guidelines,					
11	•							
3. Threshold	<b>5</b>	45 100 6 5-1						
	forms		iopsy submissions shall have SF-515 notes indicating inadequate tissue					
4. Data Collect			a surppring.					
	<del></del>		the number of biopsy procedures					
performed	in a mon	th, to a maxim	mum of 10 cases. biopsy cases (up to 10) to determine					
preparation	on and sh	ipping.	th improper tissue samples or improper					
threshold	is excee	eded.	review the results to determine if the					
		on to the SDO.	he QAFG shall review all biopsy cases .					
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FacilityQA Coordinator								
1. Aspect of C	Care C	ast restoration	s					
2. Indicator	Treatm	ent is planned	properly:					
to prepara	to preparation of the teeth, and							
3. Threshold probings evalurecord of a su	3. Threshold Fewer than 10% of castings shall have no record of recent (< 6 months) periapical radiographs and periodontal probings evaluated, and fewer than 10% of prepared teeth shall have no record of a successful provisional restoration.							
4. Data Collec	tion Met	hodology						
month, to b. Perform a the number successful	month, to a maximum of 10 cases.							
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Facility	QA Coordinator				
1. Aspect of Care Triamcinone, etc.) i	Drug Utilization: Appropriate use of intranasal steroids (Flunisolide, Beclomethasone, Dexamethasone, n seasonal and vasomotor rhinitis.				
2. Indicator All	patients prescribed these medications will have:				
<ul> <li>a. documented history of seasonal or vasomotor rhinitis (characterized by moderate to severe symptoms lasting 4 weeks or longer per episode) combined with a documented history of unsuccessful treatment with conventional therapy including antihistamines, decongestants, or combination product therapy, and</li> <li>b. dosages and frequency of administration within the product's manufacturer/FDA approved guidelines, and</li> <li>c. documented evidence that instruction in the proper use of these medications has been provided.</li> </ul>					
	of all records reviewed will meet the indicator eria.				
<pre>its designee will re criteria contained i on the M&amp;E Data Coll results in section 5</pre>	files to retrospectively identify all rescriptions for intranasal steroids. The QAFG or view the health record to determine whether the n the indicator have been met. Results may be logged ection Log for each case prior to reporting the . If the threshold is not met, the QAFG or its w all cases which do not meet the criteria, evaluate,				
5. Evaluation Report					
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a. documented h personal and smear), brea b. documented e medications	istory of physic family medical st exam, and vi vidence of inst including an ex	cal exam within the past year including history, pelvic exam (including pap tal signs, and ruction in the proper use of these		
personal and smear), brea b. documented e medications	family medical st exam, and vi vidence of inst including an ex	history, pelvic exam (including pap tal signs, and ruction in the proper use of these		
increased ri (antibiotics		planation of side effects, missed doses, king, etc.), and drug interactions		
II	95% of all reco	rds reviewed will meet the indicator		
4. Data Collection Methodology  Use CLAMS or a review of prescription files to retrospectively identify all patients receiving prescriptions for oral contraceptives. the QAFG or its designee will review the health record to determine whether the criteria contained in the indicator have been met. Results may be logged on the M&E Data Collection Log for each case prior to reporting the results in section 5. If the threshold is not met, the QAFG or its designee shall review all cases which do not meet the criteria, evaluate, and recommend action in section 7.				
5. Evaluation Re	port  % M	eet % Do Not Meet Indicator Criteria		
6. Evaluator N	ame:	Date Evaluated:		
7. Recommended A	ction			

8. 3/6 month Follow-up Report		% Meet the Evaluati % Do Not Meet Evalu	on Criteria
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# Enclosure (3) to COMDTINST 6010.21A M & E Data Collection Log

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Data Collector	Date

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### M & E FLOW CHART

